INDIVIDUALS / JOINT ACCOUNTS / CONTROLLERS / BENEFICIAL OWNERS

ABOUT THIS FORM

- This form is for the mandatory collection of tax status information for individuals, joint investors, and individual beneficial owners (including individuals who control entities such as companies or trusts).
- CRS and FATCA legislation require that we collect this information, and that information is reported to the ATO. The ATO may provide information to foreign government agencies.
- You will be required to complete this form where this information has not previously been provided or the individual has been identified as a potential taxpayer of a country other than Australia.
- PLEASE NOTE: The individual may be treated as being a non-Australian taxpayer and/or reported to the ATO if the requested information is not provided.
- If we have reason to doubt the reasonableness of the information provided we have obligations to verify and report to the ATO.
- We cannot provide you with tax or legal advice. If you are unsure of any of the answers please seek professional advice from your tax adviser or lawyer.

TO FIND OUT MORE

Tax residency

In considering whether you are a tax resident of a country other than Australia, a useful resource is the compilation of rules governing tax residency for other countries on the OECD's Automatic Exchange Portal. Go to www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency. If tax residency information for a specific country is not available from this link, or you need more information for a country, you should contact the tax authority of that country.

TIN

If you are a tax resident in another country you will be asked for your tax identifier number (TIN) as issued to you in that country. For more information on TIN's in different countries, go to www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/

For more information you may also refer to the ATO website: www.ato.gov.au/CRS; the OECD website: www.oecd.org/tax/automatic-exchange/; or the US Internal Revenue Service (IRS) website: www.irs.gov

You may also seek professional advice from your adviser or lawyer.

Copies of this form can be downloaded at:

www.fundhost.com.au/forms/

SUBMIT THIS COMPLETED FORM TO FUNDHOST:

Email:

admin@fundhost.com.au

Fax:

+61 (0)2 9232 8600

Post:

Fundhost Limited PO Box N561 Grosvenor Place NSW 1220

Australia

We accept forms by fax, email, post and delivery.

Deliver:

Suite 5.01, Level 5 28 O'Connell Street Sydney NSW 2000 Australia

(Office hours 9am - 5pm, Sydney business days)

Questions?

Contact Fundhost T: +61 (0)2 8223 5400 E: admin@fundhost.com.au

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Investor Number (if known):	
If you are providing this information as a beneficial owner/controller investment is held.	of a company or trust, please provide the name under which the
Investment Name:	
INDIVIDUAL 1	INDIVIDUAL 2 (FOR JOINT ACCOUNTS)
Title: Mr Mrs Miss Ms Other	Title: Mr Mrs Miss Ms Other
Given name(s):	Given name(s):
Family name:	Family name:
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
Email address:	Email address:
 We will contact you via email and online communication. Access your statements via our secured portal 24/7, reducing risk of identity theft. 	Opt out of receiving email and online communication via our secure portal
Current residence	Current residence
Address:	Address:
Suburb:	Suburb:
State: Postcode:	State: Postcode:
Country:	Country:
Mailing address (only complete if different to residence address)	Mailing address (please only complete if different to residence address
Address:	Address:
Suburb:	Suburb:
State: Postcode:	State: Postcode:
Country:	Country:
Are you a tax resident of Australia? Yes No	Are you a tax resident of Australia? Yes No
Are you a tax resident of any other country outside of Australia?	Are you a tax resident of any other country outside of Australia?
Yes Provide details below. If resident in more than one jurisdiction please include details for all jurisdictions. Refer to page 3 for reason codes.	Yes Provide details below. If resident in more than one jurisdiction please include details for all jurisdictions. Refer to page 3 for reason codes.
No Please sign the declaration.	No Please sign the declaration.
Country of tax residence:	1. Country of tax residence:
Specify Tax Identification Number (TIN) or equivalent:	Specify Tax Identification Number (TIN) or equivalent:
Reason Code if no TIN provided:	Reason Code if no TIN provided:
2. Country of tax residence:	Country of tax residence:
Specify Tax Identification Number (TIN) or equivalent:	Specify Tax Identification Number (TIN) or equivalent:
Reason Code if no TIN provided:	Reason Code if no TIN provided:
If you are a tax resident of more than 2 countries, please provide on a	separate sheet.

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If TIN or equivalent is not provided, please provide a reason from the following options: Reason A: The country of tax residency does not issue TINs to tax residents Reason B: The individual has not been issued with a TIN (please explain why the tax resident has not been issued with a TIN) Reason C: The country of tax residency does not require the TIN to be disclosed
If Reason B has been selected, explain why you are not required to obtain a TIN.
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2.
INVESTOR DECLARATION
ACKNOWLEDGMENT
I/We acknowledge that it may be a criminal offence to knowingly provide false or misleading information.
I/We acknowledge that once signed by me/us, Fundhost holds me/us to a number of representations and warranties, among other things, relating to matters which Fundhost must seek confirmation of in order to comply with the provisions of FATCA and CRS requirements. Appropriate steps to verify information may be taken, and information may be disclosed to government agencies in Australia and overseas.
I/We undertake to provide updated FATCA/CRS self-certification information within 30 days of a change in circumstances which causes the information to become incorrect.
Signature: Signatory 1 Signatory 2
Date (DD/MM/YYYY): Date (DD/MM/YYYY): / / / / / Date (DD/MM/YYYY):
Print name: Print name:
FINANCIAL PLANNER DECLARATION (ON BEHALF OF CLIENT)
I certify that the individual named in this form has verbally or in writing confirmed to me the validity of the information provided and I have no reason to doubt its reasonableness.
I/We undertake to provide updated FATCA/CRS self-certification information within 30 days of a change in circumstances which causes the information to become incorrect.
AFS Licensee Name AFSL No.
Representative/Employee Name Phone No.
Signature Date (DD/MM/YYYY):/